

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 12 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000120314

1. Limited Liability Company's Name

Kristianna's Salon LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1000 Immokalee Rd.

Suite, Apt. #, etc.

62

City & State

Naples, Florida

Zip

34110

Country

USA

3. Mailing Office Address

1000 Immokalee Rd.

Suite, Apt. #, etc.

62

City & State

Naples, Florida

Zip

34110

Country

USA

4. State/Country of Formation

USA Florida

5. Date Organized or Qualified
To Do Business in Florida

12-21-05

6. FEI Number

59-3827188

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Gerald DeFlorio + DONNA DeFlorio

Street Address (P.O. Box Number is Not Acceptable)

8472 Ibis Cove Circle

Suite, Apt. #, Etc.

8472

City

Naples

State

FL

Zip Code

34119

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Gerald DeFlorio

REGISTERED AGENT MUST SIGN

Date 3-8-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR.</u> <u>Owner</u>	<u>DONNA DeFlorio</u>	<u>8472 Ibis Cove Circle</u>	<u>Naples Fla. 34119</u>
<u>MGR.</u> <u>Owner</u>	<u>Gerald DeFlorio</u>	<u>8472 Ibis Cove Circle</u>	<u>Naples Fla. 34119</u>

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Gerald DeFlorio

Date

3-8-07

Daytime Phone #

239-455-3328

Typed or printed name of signing Managing Member/Manager

Gerald DeFlorio